

HISTORY FACILITY PROFILE

CRESTWOOD CARE CENTER, LLC PROVIDER #: 465083 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 3665 BRINKER AVENUE PHONE NUMBER: (801) 627-2273 TOTAL: 88
 OGDEN UT 84403 PARTICIPATION DATE: 11/01/1981 CERTIFIED: 88 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/04/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 88	
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TOTAL:	83	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	11	SUSPENSION RESCINDED:	--	--	--
MEDICAID:	39			88	
OTHER:	33				

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 08/1998	S/S CODE	PRIOR 2 SURVEY 10/1999	S/S CODE	PRIOR 1 SURVEY 11/2000	S/S CODE	CURRENT SURVEY 01/04/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	D						REQ F0164-PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS
				X	E				REQ F0241-DIGNITY
				X	D				REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
		X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
		X	D			X P	B	02/15/2002	REQ F0282-SERVS BY QUALIFIED PERSONS IN ACCORD W/ CARE PLAN
									REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	D						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	D						REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D				REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 02/1998	PRIOR 2 SURVEY 10/1999	PRIOR 1 SURVEY 11/2000	CURRENT SURVEY 01/08/2002	PLAN/DATE OF CORRECTION
		X		
X				
	X			
	X	X	X P	01/28/2002
	X		X C	02/01/2002

LSC DEFICIENCIES - BLDG NO. 01

K0025-SMOKE PARTITION CONSTRUCTION
 K0054-SMOKE DETECTOR MAINTENANCE
 K0069-COOKING EQUIPMENT
 K0104-PENETRATIONS OF SMOKE BARRIERS
 K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	1	3	5	0
HEALTH TOTAL	1	3	5	0
LIFE SAFETY CODE	2	2	3	1
LIFE SAFETY CODE + HEALTH	3	5	8	1

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
07/25/2001	SUBSTANTIATED
09/04/2001	UNSUBSTANTIATED
11/15/2001	UNSUBSTANTIATED
01/04/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT